



MONTANA DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES

Policy No.: DOC 5.8.1	Subject: PRERELEASE CENTER SCREENING FOR INCARCERATED ADULT OFFENDERS
Chapter 5: OFFENDER PROGRAMS	Page 1 of 7, plus 3 attachments
Section 8: Prerelease Programs	Revision Date: 06/08/99; 10/10/01; 02/05/02; 06/06/02; 10/28/02; 07/18/05
Signature: /s/ Bill Slaughter, Director	Effective Date: Jan. 19, 1996

I. POLICY:

It is the policy of the Department of Corrections to refer eligible offenders to prerelease center programs as an elective transition between incarceration and community reintegration.

II. IMPLEMENTATION:

This policy was revised and implemented on February 5, 2002. The revision on June 6, 2002 removed the 120 days clear conduct requirement. The October 28, 2002 revision added the Missoula Assessment and Sanction Center (MASC), the Billings Assessment and Sanction Center (BASC), and renumbered the policy. The July 18, 2005 revision modified the eligibility requirements for prerelease, clarified the process for prerelease screening for prison facilities, and added the MASC/BASC procedures.

III. AUTHORITY:

2-15-112, MCA
53-1-203, MCA

Duties and Powers of Department Heads
Powers and Duties of Department of Corrections

IV. DEFINITIONS:

Prerelease Center (PRC) - A community-based correctional facility operated by a private, non-profit corporation under contract with the Department. PRC programs provide 24-hour per day offender monitoring, counseling, guidance, life skills training and assistance in locating employment.

BASC - Billings Assessment and Sanction Center.

MASC - Missoula Assessment and Sanction Center.

State Correctional Facility/Private Prison/Regional Adult Detention Center - State or contracted prison facilities that incarcerate offenders including those under consideration for prerelease center placement.

Prerelease Unit Manager - The Department employee who acts as the liaison for services and monitors the contractual agreement between the Department and prerelease center.

Unit Screening - The unit management team at a state, private, or regional correctional facility that determines if a prospective prerelease applicant meets minimum eligibility requirements.

Assessment Screening Committee - A committee convened at the MASC/BASC programs to screen offenders to be referred to a prerelease center.

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Local Screening Committee - A community-based team that screens offenders referred to a prerelease center by the state screening committee or the assessment screening committee.

State Screening Committee - A committee convened at a state or contracted prison facility to screen offenders referred to a prerelease center.

V. PROCEDURES:

A. State, Private, or Regional Correctional Facility Procedures

1. Screening Committees

Three screening reviews are required for offenders requesting placement in a prerelease center. The offender will complete a *Prerelease Application* to initiate the process (see [Attachment A](#)).

a) Unit Screening

The unit management team at a state or contracted prison facility will review the applications to determine if offenders meet eligibility requirements for prerelease referral. The eligibility requirements listed in Section 2, below, must be met before the prerelease application is forwarded to the Institutional Probation and Parole Officer (IPPO) for further screening.

The unit management team will provide written notification to offenders who request prerelease placement but do not meet the eligibility requirements. They will list one or more reasons for the denial on the *Prerelease Initial Screening Form* (see [Attachment B](#)). Copies of this form will be forwarded to the main file, the mini-file, and the Board of Pardons and Parole.

b) State Screening Committee

The Department will establish a state screening committee at the Montana State Prison, Montana Women's Prison, Crossroads Correctional Center, and Regional Adult Detention Centers. The Department allows substitute representatives if necessary. Members of this committee will include:

- a representative from the Community Corrections Division
- a representative from the Board of Pardons and Parole
- a representative from the correctional facility that may include Contract Placement Bureau personnel from the regional facilities and Crossroads Correctional Center

The IPPO in each program or facility will prepare the necessary paperwork and make the appropriate arrangements for the state screening committee. The state screening committees will convene as necessary to consider referrals and determine the appropriateness of offenders for a minimum-security setting. They will consider such factors as:

- treatment completion/recommendations
- criminal offense

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- criminal history
- length of sentence
- institutional behavior
- community supervision history
- escape history
- existing medical and mental health needs
- previous conduct at a community corrections program

Only referrals that receive majority support by the state screening committee will be referred to local screening committees.

c) Local Screening Committee

The membership of local screening committees will include, at a minimum, a representative from the prerelease center, the Probation and Parole Office, representatives from local law enforcement, and a member of the prerelease center's Board of Directors or citizen.

The IPPO will forward offender referrals approved by the state screening committee to the local screening committee. Local screening committees will consider, and accept or deny, referrals within ten (10) working days of their receipt. If the referral is denied, it will be forwarded to the next prerelease center in accordance with an established routing schedule.

2. Offender Application/Eligibility Requirements

Offenders who apply for voluntary placement at a prerelease center will be informed of all program requirements and provided with the *Prerelease Application*. Designated facility personnel will assist offenders, as needed, with completion of the application. Once the application is submitted, facility staff will complete Section II of the *Prerelease Application*. Offenders must meet the following conditions to be considered for placement at a prerelease center:

- a) The offender must be within thirteen (13) months of parole eligibility or discharge to be considered for prerelease placement. Offenders may enter prerelease for a twelve-month length of stay if accepted by the prerelease center as an inmate worker, or if they have been pre-approved as an extended stay case. The state screening committee may require certain offenders to enter prerelease on an extended stay status as a condition of the prerelease approval. The prerelease centers will be required to receive written approval from the Department of Corrections prior to an offender's extended stay placement. Extended stay cases are only approved on a limited basis. In all other cases, the offender will need to be six months from his parole eligibility or discharge date to be placed at the prerelease center.

If an offender has appeared before the Board of Pardons and Parole and received a disposition that does not support prerelease placement, he or she will not be eligible for prerelease screening. An offender who has been placed on annual review by the Board of Pardons and Parole, is not considered to have a prerelease endorsement and

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will not be eligible for prerelease screening. However, if an offender has completed recommended programming, the case manager or unit manager may request a reappearance before the Board, on behalf of the offender, to request a prerelease endorsement. If endorsement is granted, the offender can then apply for state screening. If an offender has been "passed to discharge" by the Board of Pardons and Parole, he or she may still be eligible for prerelease screening and placement. Note: these offenders would have to discharge their sentence from the prerelease center; they would not be eligible for placement prior to the six-month time frame.

- b) If an offender has a medical or psychological problem, facility staff and the prerelease screening coordinator will assess the offender on a case-by-case basis to determine if his or her needs can be met in a community-based setting. The offender must be regulated on any prescribed medication prior to leaving for prerelease.
- c) The offender must have four (4) months clear conduct and a disciplinary history of no major or severe rule infractions within the four (4) month period before he or she can apply for placement.
- d) If the offender has been previously screened for prerelease placement and denied by all centers, he or she may not reapply for four (4) months. This time limit may be waived if new information is received, e.g., notice of treatment completion.
- e) All applicants who have a Parole Board endorsement for prerelease placement will be automatically referred to the state screening committee provided the offender meets screening criteria.
- f) Offenders will be physically and mentally capable of work, education, or vocational training. If they are unable to work due to a disability, i.e., a verified physical or mental handicap that prevents them from working, and/or they are eligible for Veterans Administration Benefits, SSI, SSDI, or Vocational Rehabilitation Services, they must have a realistic plan to subsidize their stay at the prerelease center. Prerelease centers may request financial assistance from the Department for "special needs" offenders provided they submit the request in writing and receive approval before the offender enters the program. This contribution may temporarily assist disabled offenders until they are financially independent. The Community Corrections Division will not discriminate against offenders with disabilities.
- g) If the offender is in need of treatment, he or she must consent to outpatient treatment in the community and, if financially able, pay for all treatment costs. The offender must comply with current treatment requirements that may include placement on a waiting list before referral to appropriate groups.
- h) The facility (i.e., MSP, MWP, private and regional prisons) must secure verification that any detainees are resolved to the satisfaction of the state or contracted facilities and the Community Corrections Division.
- i) If the offender has an escape on record, three (3) years must accrue from the date of apprehension before he or she is eligible for prerelease consideration.

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B. MASC/BASC Procedures

1. Screening Committees

Two screening reviews are required for offenders applying for placement in a prerelease center. The offender will complete a *Prerelease Application* to initiate the process (see [Attachment A](#)).

a) Assessment Screening

The Department will establish an assessment screening committee at the Missoula Assessment and Sanction Center (MASC) and at the Billings Assessment and Sanction Center (BASC). The Department allows substitute representatives if necessary. Members of this committee will include, at a minimum:

- the MASC/BASC Administrator
- the Institutional Probation and Parole Officer (IPPO) or Sanction Unit Manager

All offenders entering MASC/BASC are considered eligible for community placement unless the assessment screening committee determines that the offender's most appropriate placement is at MSP/MWP.

MASC/BASC staff will determine the best placement option for the offender and will make recommendations to the various community corrections programs that may include:

- prerelease centers (PRC)
- Intensive Supervision Program (ISP)
- Treasure State Correctional Training Center (TSCTC)
- Connections Corrections Program (CCP)
- Warms Springs Addiction, Treatment and Change Program (WATCH)

Should the offender's placement needs require more review, his or her case will be referred to the assessment screening committee. Community corrections program applications will be monitored by the assessment screening committee as necessary to ensure that the offender's referral process moves in a timely manner.

The IPPO in each assessment program will prepare the necessary paperwork for the assessment screening committee. The assessment screening committee will convene as necessary to consider referrals and determine the appropriateness of offenders for community corrections programs. They will consider such factors as:

- treatment completion/recommendations
- criminal offense
- criminal history
- institutional behavior
- community supervision history
- escape history
- existing medical and mental health needs

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- previous conduct at a community corrections program

Only referrals that receive majority support by the assessment screening committee will be referred to local screening committees.

MASC/BASC staff will provide written notification to offenders who have applied for prerelease placement but do not meet eligibility requirements. Staff will list one or more reasons for the denial on the *Prerelease Initial Screening Form for MASC/BASC* (see [Attachment C](#)). Copies of this form will be forwarded to the main file.

b) Local Screening Committee

The membership of local screening committees will include, at a minimum, a representative from the prerelease center, the Probation and Parole Office, representatives from local law enforcement, and a member of the prerelease center's Board of Directors or citizen.

Referrals approved by the assessment screening committee will be forwarded to the local screening committee. Local screening committees will consider, and accept or deny, referrals within ten (10) working days of their receipt. If the referral is denied, it will be forwarded to the next prerelease center in accordance with an established routing schedule.

The MASC Program will prepare a compact disc (CD) containing prerelease applications. The CD will be sent to the prerelease center that is determined to be the most appropriate for the specific offender. Prerelease centers will notify MASC of the acceptance or denial of a referred offender. If the offender is denied, the prerelease center will destroy the disc. A new disc will be prepared and sent to the next center on the rotation. This procedure is used until the offender is accepted by a prerelease center or denied by all centers.

2. Offender Application/Eligibility Requirements

Offenders who are referred for voluntary placement at a prerelease center will be informed of all program requirements and provided with the *Prerelease Application*. Designated facility personnel will assist offenders, as needed, with completion of the application. Once the application is submitted, facility staff will complete Section II of the *Prerelease Application* or attach the offender's status report (MASC only). Offenders must meet the following conditions to be considered for placement at a prerelease center:

- DOC offenders must have at least six months remaining on their sentences to be eligible for prerelease.
- If an offender has a medical or psychological problem, facility staff and the prerelease screening coordinator will assess the offender on a case-by-case basis to determine if his or her needs can be met in a community-based setting. If the offender is assessed to be ineligible due to the criteria, he or she will be transferred to MSP/MWP. The offender must be regulated on any prescribed medication prior to leaving for prerelease.

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- c) The offender must have and demonstrate clear conduct while at MASC/BASC. Severe rule infractions may result in the offender being transferred to MSP/MWP, or may hinder the application process. Major rule infractions will be reviewed by the MASC/BASC administrator to determine if the referral needs to be terminated.
- d) If the offender has been previously screened and denied for prerelease, the MASC/BASC assessment screening committee will review these denials in more detail and determine if MASC/BASC staff can provide specific programming that may enhance the offender's chance of acceptance. The MASC/BASC administrator may also direct a committee member to contact a specific prerelease to discuss placement options and what programming might make the placement acceptable.
- e) Offenders will be physically and mentally capable of work, education, or vocational training. If they are unable to work due to a disability, i.e., a verified physical or mental handicap that prevents them from working, and/or they are eligible for Veterans Administration Benefits, SSI, SSDI, or Vocational Rehabilitation Services, they must have a realistic plan to subsidize their stay at the prerelease center. Prerelease centers may request financial assistance from the Department for "special needs" offenders provided they submit the request in writing and receive approval before the offender enters the program. This contribution may temporarily assist disabled offenders until they are financially independent. The Community Corrections Division will not discriminate against offenders with disabilities.
- f) If the offender is in need of treatment, he or she must consent to outpatient treatment in the community and, if financially able, pay for all treatment costs. The offender must comply with current treatment requirements that may include placement on a waiting list before referral to appropriate groups.
- g) The facility (i.e., MASC and BASC) must secure verification that any detainers are resolved to the satisfaction of the state or contracted facilities and the Community Corrections Division.
- h) The MASC/BASC programs will review all offenders' history of escape or absconding and make recommendations for community placement based on that information. Staff may request that the offender write a letter to the local screening committee explaining the circumstances of the escape or absconding.

VI. CLOSING:

Questions concerning this policy should be directed to the prerelease unit manager.

Forms (filed electronically in policy manual)

<i>Prerelease Application</i>	(Attachment A)
<i>Prerelease Initial Screening Form</i>	(Attachment B)
<i>Prerelease Initial Screening Form For MASC/BASC</i>	(Attachment C)



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

PRERELEASE APPLICATION

OFFENDER NAME:	_____	CENTER:	_____
DOC ID#:	_____	DATE:	_____
FACILITY:	_____	UNIT:	_____

SECTION I: (To be filled out by the applicant.)

PRERELEASE: Why do you want to be accepted at the Prerelease Center?

How would coming to Prerelease affect employment, family relations, finances and ability to participate in treatment services (be specific, which of these apply to you).

PRIOR COMMUNITY PLACEMENTS: Please describe any previous attempts to complete a Prerelease or other community placement. List locations and dates.

Have you had any thoughts of self-harm or attempts at suicide? If so, when:

PLEASE DESCRIBE REASONS FOR FAILURES IN PRIOR SUPERVISION PLACEMENTS: (i.e. technical violations, dirty UA's, or new crime in the community):

RELEASE PLAN: Upon Discharge, where do you plan to settle? (At time of release):

later

What are your goals upon release?

EMPLOYMENT: Do you have a job offer or prospects upon release?

☐ Yes

☐ No

Give details (name of employer, type of work, phone number and address). Summarize your employment history.

EDUCATION: Do you have a GED?

☐ Yes

☐ No

Give details of education beyond the GED level (Include Vocational Training).

CHEMICAL DEPENDENCY QUESTIONS:

1. Have you ever been in detox for drug or alcohol use? Yes ☐ No ☐ If yes, list where and when:

2. Have you ever been assessed for a drug/alcohol problem? Yes ☐ No ☐ If yes, list by who, where, and when:

3. Have you been told that you need to go to treatment for drug and/or alcohol problems? Yes ☐ No ☐

If yes, list by who and when: _____

4. List all treatment(s) for drug and/or alcohol: (If more space is needed, continue listing on back of this page.)

Name of Treatment Program(s)	Type of treatment: (Inpatient, outpatient, intensive outpatient)	Date(s)	Complete Yes/No
1.			<input type="checkbox"/> Y <input type="checkbox"/> N
2.			<input type="checkbox"/> Y <input type="checkbox"/> N
3.			<input type="checkbox"/> Y <input type="checkbox"/> N
4.			<input type="checkbox"/> Y <input type="checkbox"/> N
5.			<input type="checkbox"/> Y <input type="checkbox"/> N

5. Have you ever attended AA/NA? ☐ Yes ☐ No

6. Have you ever had an AA/NA sponsor? ☐ Yes ☐ No

7. How many DUI's have you been convicted of? _____

8. List the drug and/or alcohol related charges you were convicted of:

Charge/Date	Charge/Date
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

9. Do you have health problems as a result of your alcohol/drug use? Yes ☐ No ☐ If yes, please describe problems and any treatments (if applicable): _____

10. Complete the following Release of Information form by filling in all areas marked with an (X). Under 'Name of Program to Disclose Information' list the most recent treatment provider or assessment provider.



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

AUTHORIZATION OF DISCLOSURE
GENERAL CONSENT FORM

I, X _____ Date of Birth X _____ Date: X _____
(Offender/Patient Name)

authorize X _____
(Name of Program to Disclose Information)

to disclose to: Staff and Screening Committees of Alternatives, Inc. (Billings Prerelease),
Community Counseling & Correctional Services (Butte Prerelease), Great Falls Transition Center
(Great Falls Prerelease), Missoula Correctional Services, Inc. (Missoula Prerelease), and
Helena Prerelease Center.
(Name and Title of Person(s) or Organizations to which disclosure is to be made)

the following identifying information from my records (specify extent or nature of information to be disclosed):

CD Evaluation/Assessment, Diagnosis, Biopsychosocial Assessment, Discharge Summary

the purpose or need for such disclosure is to facilitate application review for Prerelease and
assess placement in Prerelease.

This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

This consent (unless expressly revoked earlier expires upon 6 months after date listed below.
(Specify date, event or condition upon which it will expire)

X _____
Signature of Offender/Patient

X _____
Date

X _____
Signature of Witness

X _____
Date

NOTICE TO WHOMEVER DISCLOSURE IS MADE: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

HEALTH QUESTIONNAIRE

Childhood Illness: ☐ Measles ☐ Mumps ☐ Rubella ☐ Chickenpox ☐ Rheumatic Fever ☐ Polio

Immunizations and Dates: ☐ Tetanus _____ ☐ Pneumonia _____
☐ Hepatitis _____ ☐ Chickenpox _____
☐ Influenza _____ ☐ MMR _____

1. Are you now receiving treatment for any medical, mental health or dental problems? ☐ Yes ☐ No

If yes, name and address of provider(s): _____

Do you have or have you ever had:

Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tumor/Cancer/Cyst	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radiation Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Weakness/Paralysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abnormal Heart Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mitral Valve Prolapse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy/Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Valve Replacement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting/Dizzy Spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chest Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glaucoma/Eye Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Coronary Insufficiency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pacemaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Difficulty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abnormal Bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immune Deficiency/Lupus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blood Pressure <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Normal		
Inflammatory Rheumatism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hemophilia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you taking Blood Thinners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liver Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: (Please Explain):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replacement (Knee, Hip or Joint)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Sinus Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Thyroid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Women Only:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Venereal Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Are you taking Birth Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you currently taking any of the following?

Are you allergic or have you reacted to the following?

Antibiotics or sulfa drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local anesthetics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anticoagulants (blood thinners)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Penicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicine for High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Antibiotics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cortisone (steroids)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Barbiturates, sedatives or sleeping pills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tranquilizers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aspirin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aspirin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insulin, tulbutamide (orinase) or similar drug	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Digitalis or drugs for heart trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Nitroglycerin	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

2. Have you ever received treatment for a medical condition requiring admission to a hospital, ongoing care, or surgery? ☐ Yes ☐ No

If yes: Explain: date, location, diagnosis, treatment, etc.: _____

3. Have you ever taken medication for any behavioral, mental or emotional problem? If yes, list name and dosage of all medications. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there any physical or emotional condition that you believe requires accommodation? (lifting or activity restrictions, assistance in ambulation, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has reasonable accommodation been made in the past? (If yes, please explain.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything that would limit your ability to participate fully in any correctional setting (Prerelease, boot camp, ISP, MSP, etc.) If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has your ability to function/work/interact with others been impaired due to mood and/or mind altering drugs? (If yes please explain.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had legal difficulties due to mood and/or mind altering drugs? (If yes, please explain. Include alcohol {beer, wine, liquor}, any drugs, medications or inhalants.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Were you using or under the influence of any substance at the time of arrest or at the time this crime was committed? If yes, what were you using?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you or anyone in your family had a history of substance abuse or been in treatment (out-patient or in-patient) for substance abuse? Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you know if your mother used alcohol during the time she was pregnant with you? If yes, to what extent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever engaged in high-risk behavior such as IV drug use or multiple sexual partners? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been on S.S.I., S.S.D. or Medicaid? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any lifting, standing or other physical limitations? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

You are to pay court ordered restitution in the amount of? \$ _____

DISCLAIMER:

I understand the above questions and have answered truthfully and to the best of my knowledge.

I hold harmless the State of Montana and Department of Corrections for failure on my part to disclose information.

Offender Signature

Date

Witness Signature

Date

SECTION II:
(To be filled out by staff only!)

TREATMENT HISTORY:

Educational/Vocational/Employment Skills:

Treatment Program	Court Ordered	Court Recommended	Treatment Needs/ Release Plan	Screened & Waiting	Rejected/ Failed	Attending	Completion Date
Sex Offender TX							
Chemical Dependency							
Mental Health TX							
Anger Management							
Educational (GED)/ Vocational							
CP&R							
TSCTC							
Prerelease							
Parenting							
Other							

HEALTH STATUS CATEGORY: _____

Parole Eligibility Date: _____ **Discharge Date:** _____

Prior Board Disposition: _____

Detainers: ☐ Yes ☐ No **Counties:** _____

For: _____

Last Disciplinary or Misconduct Report: _____

[illegible]

Date

WAIVER

I have been informed of the Prerelease Program and I understand that I am being considered for placement. I have read, understand, and accept the terms and conditions listed below.

Clients

Initials

- _____ 1. I understand that the Prerelease Centers are not legally bound to accept any referral for prerelease placement.
 - _____ 2. I authorize the release of all medical, psychological, chemical dependency and criminal history information to be forwarded to the Prerelease Centers for appropriate screening and handling of my case.
 - _____ 3. I will abide by all terms of placement.
 - _____ 4. I will abide by all Prerelease Center rules.
 - _____ 5. I am responsible for all medical and treatment costs.
 - _____ 6. Although a Prerelease Center resident, I continue to be an Inmate, and I recognize that any unauthorized absence from the Center constitutes a Felony Escape, which carries a 10 year consecutive sentence.
 - _____ 7. If I am returned to prison for other than medical reasons, I may be issued a Class II.
 - _____ 8. If I am returned to prison I will be allowed to bring only the property that is allowed to new inmates.
 - _____ 9. I am responsible for all debts incurred to the Prerelease Center while a resident.
 - _____ 10. I am responsible for all debts incurred to Community Treatment Providers while a resident.
 - _____ 11. I agree to reimburse the Department of Corrections for the cost of a bus ticket if I do not have the ability to prepay.
-

Client Signature

Date

Witness Signature

Date



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS**

PRERELEASE INITIAL SCREENING FORM

Offender Name: _____ **DOC ID#:** _____

Facility/Unit: _____ **Date:** _____

- ☐ You have been approved for Prerelease Screening, and as the next step of the process, you will be seen by the State Screening Committee.
- ☐ You have been disapproved for Prerelease Screening at this time for one or more of the following reasons:
- ☐ You have treatment issues that cannot be addressed in the community (see comments below).
 - ☐ You are not within 13 months of parole eligibility/discharge date.
 - ☐ You have an escape on record within the last three years.
 - ☐ You have been turned down previously from all prerelease centers in the past four months.
 - ☐ You have not maintained clear conduct in the past four months (major or severe infractions).
 - ☐ Your last Board appearance contains a disposition that does not endorse prerelease placement (discharge cases may still apply for prerelease placement).
 - ☐ You have outstanding warrants, pending detainers and untried charges.
 - ☐ You have extensive or costly medical or psychological problems that cannot be handled effectively in the community.
 - ☐ Other (See comments below.)

Comments: _____

Facility Staff

Date

cc: Original – Main File
Mini-File
Offender



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

PRERELEASE INITIAL SCREENING FORM FOR MASC/BASC

Offender Name: _____ **DOC ID#:** _____

Facility/Unit: _____ **Date:** _____

- ☐ You have been approved for Prerelease Screening, and as the next step of the process, you will be seen by the Local (community) Screening Committee.
- ☐ You have been disapproved for Prerelease Screening at this time for one or more of the following reasons:
- ☐ You have treatment issues that cannot be addressed at MASC/BASC or in the community (see comments below).
 - ☐ You have less than 6 months to serve until the discharge of your sentence.
 - ☐ The circumstances of your escape/absconding preclude prerelease placement.
 - ☐ You have been denied placement at all prerelease centers.
 - ☐ You have not maintained clear conduct.
 - ☐ You have outstanding warrants, pending detainers and untried charges.
 - ☐ You have extensive or costly medical or psychological problems that cannot be handled effectively in the community.
 - ☐ Other (See comments below.)

Comments: _____

Facility Staff

Date

cc: Original – Main File
Offender